



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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<b>SERIAL NUMBER</b> 09/490,529	<b>FILING DATE</b> 01/25/2000 <b>RULE</b> -	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2756	<b>ATTORNEY DOCKET NO.</b> A31598-A-A-072797.0121
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**APPLICANTS**  
 Thomas K. Roslak, Eastport, NY ;  
 Adam Petrovich, Pittsburgh, PA ;  
 Jerome Swartz, Old Field, NY ;  
 Ian Jenkins, Stony Brook, NY ;  
 John Pellaumail, Wargrave, ENG ;

**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CIP OF 09/232,142 01/16/1999  
 WHICH IS A CIP OF 09/087,086 05/29/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 \*\* 05/04/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 54	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**  
 21003 CUSTOMER #23704

**TITLE**  
 Personal shopping system

<b>FILING FEE RECEIVED</b> 1326	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## \*BIBDATASHEET\*

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CONFIRMATION NO. 72

SERIAL NUMBER 09/490,529	FILING DATE 01/25/2000  RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKE NO. A31598-A-A- 072797.0121
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/232,142 01/16/1999  
WHICH IS A CIP OF 09/087,086 05/29/1998 PAT 6,101,483

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/04/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDE
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	NY	54	38	7

## ADDRESS

23704  
SYMBOL TECHNOLOGIES INC  
LEGAL DEPARTMENT  
ONE SYMBOL PLAZA  
HOLTSVILLE, NY  
11742

IDS

## TITLE

Personal shopping system

FILING FEE

RECEIVED  
1326FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

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<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
<input type="checkbox"/> 1.18 Fees ( Issue )
<input type="checkbox"/> Other _____